

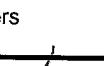
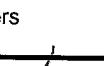
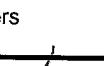
JG698 U.S. PTO

Please type a plus sign (+) inside this box

PTO/SB/05 (12/9)

Approved for use through 09/30/00. OMB 0651-003  
Patent and Trademark Office: U.S. Department of Commerce  
of information unless it displays a valid OMB control number.

Patent and Trademark Office, U.S. Department of Commerce  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY		Atty Docket No.	33335R014(CONT)	Total Pages	17																																				
PATENT APPLICATION		First Named Inventor of Application Identifier																																							
TRANSMITTAL		Richard Warby																																							
(Only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No.: 																																							
APPLICATION ELEMENTS		Assistant Commissioner for Patents ADDRESS TO: Box Patent Applications Washington, DC 20231																																							
See MPEP chapter 600 concerning utility patent contents.																																									
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages <u>12</u>]</p> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (<i>if filed</i>)</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure)</li> </ul> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <u>2</u>]</p> <p>4. <input type="checkbox"/> Oath or Declaration [Total Pages <u>  </u>]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) [Pages <u>1</u>] (for continuation/division with Box 17 completed) <i>[Note Box 5 below]</i></p> <p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>5. <input checked="" type="checkbox"/> Incorporation By Reference (<i>useable if Box 4b is checked</i>) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> <p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:  <input checked="" type="checkbox"/> Continuation   <input type="checkbox"/> Divisional   <input type="checkbox"/> Continuation-in-part (CIP) of pending prior international application No. <u>U.S. Serial No. 09/642,656</u>, filed <u>8/22/00</u> entitled <u>DRUG DELIVERY DEVICES</u>.</p> <p>18. CORRESPONDENCE ADDRESS</p> <p><input type="checkbox"/> Customer Number or Bar Code Label      or <input checked="" type="checkbox"/> Correspondence address below (insert Customer No. or Attach bar code label here)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Name</td> <td colspan="5">Smith, Gambrell &amp; Russell, LLP, The Beveridge, DeGrandi, Weilacher &amp; Young Intellectual Property Group</td> </tr> <tr> <td>Address</td> <td colspan="5">1850 M Street, N.W., Suite 800</td> </tr> <tr> <td>City</td> <td>Washington</td> <td>State</td> <td>D.C.</td> <td>Zip Code</td> <td>20036</td> </tr> <tr> <td>Country</td> <td>U.S.</td> <td>Telephone</td> <td>(202) 659-2811</td> <td>Fax</td> <td>(202) 659-1462</td> </tr> <tr> <td>Name (Print/Type)</td> <td colspan="2">Dennis C. Rodgers</td> <td>Registration No. (Attorney/Agent)</td> <td colspan="2">32,936</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> <td>Date</td> <td>January 17, 2002</td> </tr> </table>						Name	Smith, Gambrell & Russell, LLP, The Beveridge, DeGrandi, Weilacher & Young Intellectual Property Group					Address	1850 M Street, N.W., Suite 800					City	Washington	State	D.C.	Zip Code	20036	Country	U.S.	Telephone	(202) 659-2811	Fax	(202) 659-1462	Name (Print/Type)	Dennis C. Rodgers		Registration No. (Attorney/Agent)	32,936		Signature				Date	January 17, 2002
Name	Smith, Gambrell & Russell, LLP, The Beveridge, DeGrandi, Weilacher & Young Intellectual Property Group																																								
Address	1850 M Street, N.W., Suite 800																																								
City	Washington	State	D.C.	Zip Code	20036																																				
Country	U.S.	Telephone	(202) 659-2811	Fax	(202) 659-1462																																				
Name (Print/Type)	Dennis C. Rodgers		Registration No. (Attorney/Agent)	32,936																																					
Signature				Date	January 17, 2002																																				

Burden Hour Statement: This form is estimated to take 0 2 hours to complete Time will vary depending upon the needs of the individual case Any comments on the amount of time you required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETE FORMS TO THE ADDRESS, SEND TO: Assistant Commissioner for Patents, Box CPA, Washington, DC 2023

<b>FEE TRANSMITTAL</b>		Complete if Known	
<p>Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12 See 37 CFR §§1.27 and 1.28</p>		Application Number	New
		Filing Date	January 17, 2002
		First Named Inventor	Richard Warby
		Examiner Name	Unassigned
		Group / Art Unit	Unassigned
		Attorney Docket No.	33335R014CONT
TOTAL AMOUNT OF PAYMENT:		\$ 0.00	

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																													
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  Deposit Account No.: <u>02-4300</u> Deposit Account Name: _____		3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>380</td><td>216</td><td>180</td></tr> <tr><td>117</td><td>810</td><td>217</td><td>435</td></tr> <tr><td>118</td><td>1,260</td><td>218</td><td>680</td></tr> <tr><td>128</td><td>1,850</td><td>228</td><td>925</td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1,210</td><td>241</td><td>605</td></tr> <tr><td>142</td><td>1,210</td><td>242</td><td>605</td></tr> <tr><td>143</td><td>430</td><td>243</td><td>215</td></tr> <tr><td>144</td><td>580</td><td>244</td><td>290</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>760</td><td>246</td><td>380</td></tr> <tr><td>149</td><td>70</td><td>249</td><td>380</td></tr> </tbody> </table>		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	105	130	205	65	127	50	227	25	139	130	139	130	147	2,520	147	2,520	112	920*	112	920*	113	1,840*	113	1,840*	115	110	215	55	116	380	216	180	117	810	217	435	118	1,260	218	680	128	1,850	228	925	119	300	219	150	120	300	220	150	121	260	221	130	138	1,510	138	1,510	140	110	240	55	141	1,210	241	605	142	1,210	242	605	143	430	243	215	144	580	244	290	122	130	122	130	123	50	123	50	126	240	126	240	581	40	581	40	146	760	246	380	149	70	249	380
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																																																																																																												
105	130	205	65																																																																																																												
127	50	227	25																																																																																																												
139	130	139	130																																																																																																												
147	2,520	147	2,520																																																																																																												
112	920*	112	920*																																																																																																												
113	1,840*	113	1,840*																																																																																																												
115	110	215	55																																																																																																												
116	380	216	180																																																																																																												
117	810	217	435																																																																																																												
118	1,260	218	680																																																																																																												
128	1,850	228	925																																																																																																												
119	300	219	150																																																																																																												
120	300	220	150																																																																																																												
121	260	221	130																																																																																																												
138	1,510	138	1,510																																																																																																												
140	110	240	55																																																																																																												
141	1,210	241	605																																																																																																												
142	1,210	242	605																																																																																																												
143	430	243	215																																																																																																												
144	580	244	290																																																																																																												
122	130	122	130																																																																																																												
123	50	123	50																																																																																																												
126	240	126	240																																																																																																												
581	40	581	40																																																																																																												
146	760	246	380																																																																																																												
149	70	249	380																																																																																																												
2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		Other fee (specify) _____																																																																																																													
<b>FEE CALCULATION</b> <table border="1"> <tr> <td colspan="2">1. BASIC FILING FEE</td> </tr> <tr> <td>Large Entity Fee Code (\$)</td> <td>Small Entity Fee Code (\$)</td> <td>Fee Description</td> <td>Fee Paid</td> </tr> <tr><td>101</td><td>760</td><td>201</td><td>380</td></tr> <tr><td>106</td><td>510</td><td>206</td><td>155</td></tr> <tr><td>107</td><td>480</td><td>207</td><td>240</td></tr> <tr><td>108</td><td>760</td><td>208</td><td>380</td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td></tr> </table>		1. BASIC FILING FEE		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101	760	201	380	106	510	206	155	107	480	207	240	108	760	208	380	114	150	214	75	Other fee (specify) _____ <table border="1"> <tr> <td colspan="2">2. EXTRA CLAIM FEES</td> </tr> <tr> <td>Extra Claims</td> <td>Fee from below</td> <td>Fee paid</td> </tr> <tr><td>Total Claims</td><td><u>14 -20</u></td><td>= 10 x \$18.00 =</td></tr> <tr><td>Indep. Claims</td><td><u>2 -3</u></td><td>= 1 x \$78.00 =</td></tr> <tr><td>Multiple Dep.</td><td><u>0</u></td><td>= 0 x \$260.00 =</td></tr> </table>		2. EXTRA CLAIM FEES		Extra Claims	Fee from below	Fee paid	Total Claims	<u>14 -20</u>	= 10 x \$18.00 =	Indep. Claims	<u>2 -3</u>	= 1 x \$78.00 =	Multiple Dep.	<u>0</u>	= 0 x \$260.00 =																																																																				
1. BASIC FILING FEE																																																																																																															
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																																																																																																												
101	760	201	380																																																																																																												
106	510	206	155																																																																																																												
107	480	207	240																																																																																																												
108	760	208	380																																																																																																												
114	150	214	75																																																																																																												
2. EXTRA CLAIM FEES																																																																																																															
Extra Claims	Fee from below	Fee paid																																																																																																													
Total Claims	<u>14 -20</u>	= 10 x \$18.00 =																																																																																																													
Indep. Claims	<u>2 -3</u>	= 1 x \$78.00 =																																																																																																													
Multiple Dep.	<u>0</u>	= 0 x \$260.00 =																																																																																																													
*Or number previously paid, if greater. For Reissues, see below <table border="1"> <tr> <td>Large Entity Fee Code (\$)</td> <td>Small Entity Fee Code (\$)</td> <td>Fee Description</td> </tr> <tr><td>103</td><td>18</td><td>203</td><td>9</td></tr> <tr><td>102</td><td>78</td><td>202</td><td>39</td></tr> <tr><td>104</td><td>260</td><td>204</td><td>130</td></tr> <tr><td>109</td><td>78</td><td>209</td><td>39</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td></tr> </table>		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	103	18	203	9	102	78	202	39	104	260	204	130	109	78	209	39	110	18	210	9	SUBTOTAL (1): \$ 0.00 Reduced by Basic Filing Fee Paid SUBTOTAL (3): \$ 0.00 <b>TOTAL: \$ 0.00</b>																																																																																						
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description																																																																																																													
103	18	203	9																																																																																																												
102	78	202	39																																																																																																												
104	260	204	130																																																																																																												
109	78	209	39																																																																																																												
110	18	210	9																																																																																																												
<b>*THIS APPLICATION IS BEING FILED WITHOUT DECLARATION AND WITHOUT FILING FEES</b>																																																																																																															

SUBMITTED BY			Complete (if applicable)	
Typed or Printed Name	Dennis C. Rodgers		Reg. Number	32,936
Signature		Date	January 17, 2002	Deposit Account User ID
				02-4300